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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/727,019	
	Filing Date	November 28, 2000	
	First Named Inventor	Daniel L. Cox	
	Art Unit	3738	
	Examiner Name	Jackson, Suzette J.	
Total Number of Pages in This Submission	12	Attorney Docket Number	ACS 53509 (2012P)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	CUSTOMER NO.: 24201	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas H. Majcher, Reg. No. 31,119 FULWIDER PATTON LEE & UTECHT, LLP.
Signature	
Date	October 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on			
Typed or printed name	Thomas H. Majcher, Reg. No. 31,119		
Signature		Date	October 21, 2004

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$110.00

## Complete if Known

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Filing Date November 28, 2000  
First Named Inventor Daniel L. Cox  
Examiner Name Jackson, Suzette J.  
Art Unit 3738  
Attorney Docket No. ACS 53509 (2012P)

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

06-2425

Deposit  
Account  
Name

Fulwider Patton Lee & Utecht

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	0.00
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND

		Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text" value="20"/>	** =	<input type="text" value="0"/>	X	<input type="text" value="0.00"/>	= <input type="text" value="0.00"/>
Independent Claims	<input type="text" value="3"/>	** =	<input type="text" value="0"/>	X	<input type="text" value="0.00"/>	= <input type="text" value="0.00"/>
Multiple Dependent					<input type="text" value="0.00"/>	= <input type="text" value="0.00"/>